

REVISION: HCFA-PN-87-4  
March 1987

(BERC)

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: \_\_\_\_\_ WASHINGTON \_\_\_\_\_

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

*Citation*  
42 CFR 431.15  
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

REVISION: HCFA-ROX-1 (BPP)  
November 1990

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.2	Hearings for Applicants and Recipients
42 CFR 431.202 AT-79-29 AT-80-34		The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.
1919(e)(3)		With respect to transfers and discharges from nursing facilities, the requirements of 1919(e)(3) are met.

REVISION: HCFA-PM-87-4 (BERC)  
March 1987

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 431.301  
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use of disclosure of information concerning applicants and recipients to purposed directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

Citation  
42 CFR 431.800(c)  
50 FR 21839  
1903(u)(1)(D) of  
Subpart P.  
the Act,  
P.L. 99-509  
assessment  
(Section 9407)  
431.800(e),  
  
(MMIS).

4.4 Medicaid Quality Control

(a) A system of quality control is implemented in accordance with 42 CFR Part 431,

(b) The State operates a claims processing system that meets the requirements of

(g) , (h), (j)\*, and (k) .

/ / Yes.

/X/ Not applicable. The State has an approved Medicaid Management Information System

\*pen & ink change to add "j" per PM 87-14, 10/87

REVISION: HCFA-PM-88-10  
September 1988

(BERC)

36

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 455.12  
AT-78-90  
48 FR 3742  
52 FR 48817

4.5

Medicaid Agency Fraud Detection and Investigation  
Program

The Medicaid agency has established and will maintain  
methods, criteria, and procedures that meet all  
requirements of 42 CFR 455.13 through 455.21 and 455.23  
for prevention and control of program fraud and abuse.

REVISION: HCFA-PM-9 (CMSO) 36a  
199

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

Section 1902(a)(64) of  
the Social Security Act  
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation  
Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

REVISION: HCFA-AT-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.6 Reports

42 CFR 431.16  
AT-79-29

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

REVISION: HCFA-AT-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 431.17  
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

REVISION: HCFA-AT-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 431.18(b)  
AT-79-29

- 4.8 Availability of Agency Program Manuals
- Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

REVISION: HCFA-AT-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

42 CFR 433.37  
AT-78-90

4.9

Reporting Provider Payments to Internal  
Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 431.51  
AT-78-90  
46 FR 48524  
48 FR 23212  
1902 (a) (23)  
of the Act  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

4.10 Free Choice of Providers

Section 1902(a)(23)  
Social Security Act  
P.L. 105-33

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual--
  - (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
  - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
  - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act, or
  - (4) By individuals or entities who have been convicted of a of the felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services.
  - (5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915 9a), 1915(b),1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAMState/Territory: WASHINGTON4.11 Relations with Standard-Setting and Survey  
Agencies

- (a) The State agencies utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. These agencies are: the Department of Social and Health Services and the Department of Health.
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients are: the Legislature, State Board of Health, State Fire Marshall, the Department of Social and Health Services, and the Department of Health.
- (c) Attachment 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Center for Medicare and Medicaid Services on request.

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAMState/Territory: WASHINGTON

## 4.11 Relations with Standard-setting and Survey Agencies – continued

- (d) The Department of Social and Health Services and the Department of Health are the state agencies responsible for licensing health institutions and determine if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.61(e), (f), and (g) are met.

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105(b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b) .

/X/ Yes, as listed below:

Emergency medicine and trauma prevention pre-hospital system facilities and organizations.

Rural Health Clinics

Rehabilitation facilities

End Stage Renal Dialysis facilities

Ambulatory Surgery Centers

Child Birth Centers

Residential Treatment facilities

Chemical Dependency Treatment facilities

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency  
and each provider furnishing services under the plan:

42 CFR 431.107

(a) For all providers, the requirements of 42 CFR  
431.107 and 42 CFR Part 442, Subparts A and B (if  
applicable) are met.

42 CFR Part 483  
1919 of the  
Act

(b) For providers of NF services, the requirements  
of 42 CFR Part 483, Subpart B, and section  
1919 of the Act are also met.

42 CFR Part 483  
Subpart D

(c) For providers of ICF/MR services, the  
requirements of participation in 42 CFR Part 483,  
Subpart D are also met.

1920 of the Act

(d) For each provider that is eligible under  
the plan to furnish ambulatory prenatal  
care to pregnant women during a presumptive  
eligibility period, all the requirements of  
section 1920(b)(2) and (c) are met.

/X/ Not applicable. Ambulatory prenatal care is  
not provided to pregnant women during a  
presumptive eligibility period.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

1902(a)(58)  
1902(w) 4.13

- (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:
  - (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
    - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
    - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
    - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
    - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
    - (e) Ensure compliance with requirements of State Law (whether

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

statutory or recognized by the  
courts) concerning advance  
directives; and

- (f) Provide (individually or with  
others) for education for staff  
and the community on issues concerning  
advance directives.

- (2) Providers will furnish the written  
information described in paragraph  
(1)(a) to all adult individuals at  
the time specified below:

- (a) Hospitals at the time an  
individual is admitted as an  
inpatient.
- (b) Nursing facilities when the  
individual is admitted as a  
resident.
- (c) Providers of home health care or  
personal care services before the  
individual comes under the care  
of the provider;
- (d) Hospice program at the time of  
initial receipt of hospice care by  
the individual from the program;  
and
- (e) Health maintenance organizations  
at the time of enrollment of the  
individual with the organization.

- (3) Attachment 4.34A describes law of the  
State (whether statutory or as  
recognized by the courts of the  
State) concerning advance directives.

/ / Not applicable. No State law  
or court decision exist  
regarding advance directives.

REVISION: HCFA-PM-91-10 (MB)  
December 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

42 CFR 431.60

42 CFR 456.2

50 FR 15312

1902(a)(30)(C) and

1902(d) of the

Act, P.L. 99-506

(Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

/X/ Directly

/X/ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO---

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

/X/ Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.

1902(a)(30)(C)  
and 1902(d) of the  
ACT, P.L. 99-509  
(section 9431)

/ / By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

REVISION: HCFA-PH-85-3 (BERC)  
May 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

OMB NO. 0938-0193

*Citation*

42 CFR 456.2  
50 PR 15322

- 4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services:
- /X/ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CPR Part 462 that has a contract with the agency to perform those reviews.
  - / / Utilization review is performed in accordance with 42 CPR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:
    - / / All hospitals (other than mental hospitals).
    - / / Those specified in the waiver.
    - /X/ No waivers have been granted.

REVISION: HCFA-PH-85-7 (BERC)  
July 1985

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 456.2  
50 FR 15312

- 4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.
- / / Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
- / / Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:
- / / All mental hospitals.
- / / Those specified in the waiver.
- /X/ No waivers have been granted.
- / / Not applicable. Inpatient services in mental hospitals are not provided under this plan.

REVISION: HCFA-PH-85-3 (BERC)  
May 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

OMB NO. 0938-0193

*Citation*  
42 CFR 456.2  
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

/ / Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

/X/ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

/X/ All skilled nursing facilities.

/ / Those specified in the waiver.

/ / No waivers have been granted.

REVISION: HCFA-PH-85-3 (BERC)  
May 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

OMB NO. 0938-0193

*Citation*  
42 CFR 456.2  
50 FR 15312

- 4.14 (e) /X/ The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
- / / Facility-based review.
  - / / Direct review by personnel of the medical assistance unit of the State agency.
  - / / Personnel under contract to the medical assistance unit of the State agency.
  - / / Utilization and Quality Control Peer Review Organizations.
  - / / Another method as described in ATTACHMENT 4.14-A.
  - /X/ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
  - / / Not applicable. Intermediate care facility services are not provided under this plan.

REVISION: HCFA-PH-91-10 (MB)  
December 1991

50a

EQRO

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation* 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e) For each contract, the State follows an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354 The State ensures that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

\_\_\_\_ Not applicable.

REVISION: HCFA-PH-92-2 (HSQB)  
March 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.15	Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals
42 CFR Part 456 Subpart I, and 1902(a)(31) and 1903(g) of the Act	/ /	The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:
	/ /	ICFs/MR;
	/ /	Inpatient psychiatric facilities for recipients under age 21; and
	/ /	Mental Hospitals.
42 CFR Part 456 Subpart A and 1902(a)(30) of the Act	/X/	All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.
	/ /	Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.
	/ /	Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.
	/ /	Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.16	Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees
42 CFR 431.615(c) AT-78-90		<p>The Vocational Rehabilitation Agencies are located within the Single State Agency.</p> <p>The Medicaid agency has cooperative arrangements with the Title V Grantee, Department of Health, that meet the requirements of 42 CFR 431.615.</p> <p>ATTACHMENT 4.16-A describes the cooperative arrangement with the Title V Grantee.</p>

REVISION: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 433.36(c)  
1902(a)(18) and  
1917(a) and (b) of  
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

/ / The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFS 433.36(c) – (g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

/X/ The State imposes liens on real property on account of benefits incorrectly paid.

/ / The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

/X/ The State imposes liens on both real and personal property of an individual after the individual's death.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

4.17 Liens and Adjustments or Recoveries (cont.)

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h) – (i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

/ / Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

/X/ In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

All Medicaid service listed in Attachments 3.1-A and 3.1-B provided to eligible clients. Medicare cost-sharing and Medicare premiums for individuals also receiving Medicaid (dual eligibles), and premium payments to managed care organizations will be included in the statement of claim.

REVISION: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

4.17 Liens and Adjustments or Recoveries (cont.)

(4) / / The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy for in Attachment 2.6 – A, Supplement 8b.

/X/ The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa and New York which provide long term care insurance policy-based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)

/ / The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

/ / The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

4.17 Liens and Adjustments or Recoveries (cont.)

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h) – (i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
  - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
  - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

REVISION: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

4.17 Liens and Adjustments or Recoveries (cont.)

(d) ATTACHMENT\_4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36 (d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36 (f).
- (3) Defines the following terms:
  - estate at a minimum estate as defined under State probate law). Except for the grandfathered States listed in section 4.17 (b) (3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual has any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
  - individual's home,
  - equity interest in the home,
  - residing in the home for at least 1 or 2 years,
  - on a continuous basis,
  - discharge from the medical institution and return home, and
  - lawfully residing.

REVISION: HCFA-PM-95-3 (MB)  
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

4.17.1 Liens and Adjustments or Recoveries (cont.)

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 447.51  
through 447.58

4.18 Recipient Cost Sharing and Similar Charges

1916 (a) and (b)  
of the Act

(a) Unless a waiver under 42 CFR 431.55 (g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

(b) Except as specified in items 4.18 (b) (4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905 (p) (1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under - -

/ / Age 19

/ / Age 20

/ / Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.18(b)(2) Recipient Cost Sharing and Similar Charges (cont.)

42 CFR 447.51  
through  
447.58

- (iii) All services furnished to pregnant women.  
  
/ / Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

- (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

- (vi) Family planning services and supplies furnished to individuals of childbearing age.

- (vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60

42 CFR 438.108

- /X/ Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.
- / / Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,  
P.L. 99-272,  
(Section 9505)

- (viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.18(b) Recipient Cost Sharing and Similar Charges (cont.)

42 CFR 447.51  
through  
447.48

- (3) Unless a waiver under 42 CFR 431.55 (g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

/X/ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

/ / 18 or older

/ / 19 or older

/ / 20 or older

/ / 21 or older

/ / Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4 .18 (b) (3) Recipient Cost Sharing and Similar Charges (cont.)

42 CFR 447.51  
through 447.58

(iii) For the categorically needy and  
qualified Medicare beneficiaries,  
ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;.
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s) ;
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
- / / Not applicable. There is no maximum.

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.18 Recipient Cost Sharing and Similar Charges (cont.)		
1916 (c) of the Act	4.18(b)(4)	/ /	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(ix) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to the family of the size involved. The requirements of section 1916(c) of the Act are met. Attachment 4.18-D specifies the method the state uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	4.18(b)(5)	/X/	For families receiving extended benefits during a second six-month period under section 1925 of Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. Attachment 4.18-F specifies the method the state uses for determining the premium, exemptions from the premium requirement, the method the states uses for billing the premium, and good cause criteria for failure to pay the required premium.
1916(d) of the Act	4.18(b)(6)	/X/	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. Attachment 4.18-E specifies the method and standards the state uses for determining the premium.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.18 Recipient Cost Sharing and Similar Charges (cont.)

CFR 447.51  
through 447.58

4.18(c) / / Individuals are covered as medically needy 42  
under the plan.

- (1) / / An enrollment fee, premium or similar  
charge is imposed. ATTACHMENT  
4.18 – B specifies the amount of and  
liability period for such charges subject  
to the maximum allowable charges in 42  
CFR 447.52 (b) and defines the State's  
policy regarding the effect on  
recipients of non-payment of the  
enrollment fee, premium, or similar  
charge.

447.51 through  
447.58

- (2) No deductible, coinsurance, copayment,  
or similar charge is imposed under the  
plan for the following:

- (i) Services to individuals under  
Age 18, or under –

/ / Age 19

/ / Age 20

/ / Age 21

Reasonable categories of individuals  
who are age 18, but under age 21, to  
whom charges apply are listed below,  
if applicable.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.18 Recipient Cost Sharing and Similar Charges (cont.)

42 CFR 447.51  
through  
447.58

4.18 (c) (2)

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

/ / Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53 (b) (4) .

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,  
P.L. 99-272  
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905 (o) of the Act.

447.51 through  
447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

/ / Not applicable. No such charges are imposed.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.18 Recipient Cost Sharing and Similar Charges\_(cont.)

4.18(c)(3) Unless a waiver under 42 CFR 431.55 (g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b) (2) above.

/ / Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

/ / 18 or older

/ / 19 or older

/ / 20 or older

/ / 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.18 Recipient Cost Sharing and Similar Charges (cont)

447.51 through  
447.58

4.18 (c) (3)

(iii)

For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b) ; and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

/ / Not applicable. There is no maximum.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.19	Payment for Services
42 CFR 447.252 1902(a)(13) and 1923 of the Act	(a)	The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.
1902(e)(7) of the Act		ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.
	/X/	Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.
	/ /	Inappropriate level of care days are not covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.19 Payment for Services (cont.)

42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
(n), 1920, and  
1926 of the Act

4.19(b)

In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905 (a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902 (a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and  
1902(a)(30) of  
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.19	Payment for Services (cont.)
42 CFR 447.40 AT-78-90	4.19 (c)	Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.
	/X/	Yes. The State's policy is described in ATTACHMENT 4.19-C.
	/ /	No.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.19(d) Payment for Services (cont.)

42 CFR 447.252  
47 FR 47964  
48 FR 56046  
42 CFR 447.280  
47 FR 31518  
52 FR 28141

/X/

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

/X/ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

/ / At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

/ / Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

/X/ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

/ / At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

/ / Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

/ /

- (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.19 Payment for Services

42 CPR 447.45 (c)  
AT-79-50

4.19 (e)

The Medicaid agency meets all requirements  
of 42 CPR 447.45 for timely payment of

ATTACHMENT 4.19-E specifies, for each  
type of service, the definition of a  
claim for purposes of meeting these  
requirements.

REVISION: HCFA-PM-87-4 (BERC)  
March 1987

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation* 4.19 Payment for Services

42 CFR 447.15  
AT-78-90  
AT-80-34  
48 FR 5730

4.19 (f)

The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

Citation	4.19	Payment for Services
42 CFR 447.201	4.19 (g)	The Medicaid agency assures appropriate
42 CFR 447.202		audit of records when payment is based on
AT-78-90		costs of services or on a fee plus
		cost of materials.

REVISION: HCFA-PM-80-60 (BPP)  
August 12, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.19	Payment for Services (cont.)
42 CFR 447.201	4.19 (h)	The Medicaid agency meets the requirements
42 CFR 447.203		of 42 CFR 447.203 for documentation and
42 CFR 447.203		availability of payment rates.
AT-78-90		

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.19	Payment for Services
42 CFR 447.201 42 CFR 447.204 AT-78-90	4.19 (i)	The Medicaid agency's payments are sufficient try enlist enough providers so that services under the plan are available to recipients at least to the the general population.

REVISION: HCFA-PM-91-4  
August 1991

(BPP)

66

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.19	Payment for Services (cont.)
42 CFR 447.201 and 447.205	4.19	(j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.
1903(v) of the Act		(k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation* 4.19 Payment for Services (cont.)

1903(i)(14) 4.19 (1) The Medicaid agency meets the requirements  
of the Act to payment for physician services furnished to  
children under 21 and pregnant women. Payment  
for physician services furnished by a physician  
to a child or a pregnant woman is made only to  
physicians who meet one of the requirements  
listed under this section of the Act.

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

- Citation* 4.19 Payment for Services (cont.)
- 4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program
- 1928(c)(2) (C)(ii) of the Act
- (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c) (2) (C) (ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.
- (ii) The State:
- / / sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
- / / is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- / / sets a payment rate below the level of the regional maximum established by the DHHS Secretary.
- /X/ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.
- The State pays the following rate for the administration of a vaccine.
- Managed Care Plans:  
Administration rates for vaccines are factored in as part of administrative costs to the plan.
  - Non-Managed Care Plan providers will be paid based on fee-for-service.
- 1926 of the Act
- (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:
- State will maintain a list of Medicaid program registered providers.
  - Medicaid program-registered providers who can communicate in a language and cultural context which is most appropriate will be identified.
  - Vaccines will be distributed through the Managed Care Plans and other Medicaid registered providers.
  - Quality Assurance program is performing outcome studies and will continue to work with Managed Care Plans to increase immunization rates.
  - Children covered under Managed Care Plans may receive immunization at the Health Department, so access is not limited.

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 447.25 (b)  
AT-78-90

4.20 Direct Payments to Certain Recipients for  
Physicians' or Dentists' Services

Direct payments are made to certain recipients  
as specified by, and in accordance with, the  
requirements of 42 CFR 447.25.

/ / Yes, for / / physician's services

/ / dentists' services

ATTACHMENT 4.20-A specifies the  
conditions under which such payments are  
made.

/X/ Not applicable. No direct payments are  
made to recipients.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.21	Prohibition Against Reassignment of Provider Claims
42 CFR 447.10 (c)		
AT-78-90		
46 FR 42699		Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

REVISION: HCFA-PM-94-1 (MB)  
February 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.22	Third Party Liability
42 CFR 433.137	(a)	The Medicaid agency meets all requirements of:
	(1)	42 CFR 433.138 and 433.139.
	(2)	42 CFR 433.145 through 433.148.
	(3)	42 CFR 433.151 through 433.154.
1902 (a) (25) (H) and (I) of the Act.	(4)	Sections 1902 (a) (25) (H) and (I) of the Act.
42 CFR 433.138 (f)	(b)	ATTACHMENT 4.22-A --
	(1)	Specifies the frequency with which the data exchanges required in §433.138 (d) (1), (d) (3) and (d) (4) and the diagnosis and trauma code edits required in §433.137 (e) are conducted;
42 CFR 433.138 (g) (1) (ii)	(2)	Describes the methods the agency uses for meeting the following requirements continued in §433.138 (g) (1) (i) and (g) (2) (i);
42 CFR 433.138 (g) (3) (i) and (iii)	(3)	Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138 (d) (4) (ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources; and
42 CFR 433.138 (g) (4) (I) through (iii)	(4)	Describes the methods the agency uses for following up on paid claims identified under §433.138 (e) (methods include a procedure for periodically identifying these trauma code that yield the highest third party collections and giving priority to following up on these codes) and specifies the time frames for incorporation into the eligibility case file and into its third party date base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources.

REVISION: HCFA-PM-94-1 (MB)  
February 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.22	Third Party Liability (cont.)	
42 CFR 433.139 (b) (3) (ii)(A)	/X/	(c)	Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
		(d)	ATTACHMENT 4.22-B specifies the following:
42 CFR 433.139 (b) (3) (ii) (c)		(1)	The method used in determining a provider's compliance with the third party billing requirements at §433.139 (b) (ii) (C).
42 CFR 433.139 (f) (2)		(2)	The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
42 CFR 433.139 (f) (3)		(3)	The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
42 CFR 447.20		(e)	The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

REVISION: HCFA-PM-94-1 (MB)  
February 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.22 Third Party Liability (cont.)

- |                          |     |  |
|--------------------------|-----|--|
| 42 CFR 433.151 (a)       | (f) | <p>The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)</p> <p style="margin-left: 40px;">/ / State title IV-D agency. The requirements of 42 CFR 433.152 (b) are met.</p> <p style="margin-left: 40px;">/ / Other appropriate State agency(s)--<br/>_____<br/>_____</p> <p style="margin-left: 40px;">/ / Other appropriate agency(s) of another State--<br/>_____<br/>_____</p> <p style="margin-left: 40px;">/ / Courts and law enforcement officials.</p> |
| 1902 (a) (60) of the Act | (g) | <p>The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.</p>  |
| 1906 of the Act          | (h) | <p>The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.</p> <p style="margin-left: 40px;">/ / The Secretary's method as provided in the State Medicaid Manual, Section 3910.</p> <p style="margin-left: 40px;">/X/ The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.</p>  |

REVISION: HCFA-PM-84-2  
01-84

(BERC)

71

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.23 Use of Contracts

42 CFR Part 434.4  
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

/ / Not applicable. The State has no such contracts.

REVISION: HCFA-PM-94-2 (BPD)  
April 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<p><i>Citation</i> 42 CFR 442.10 and 442.100 AT-78-90 AT-79-18 AT-80-25 AT-80-34 52 FR 32544 P.L. 100-203 (Sec. 4211) 54 FR 5316 56 FR 48826</p>	<p>4.24 Standards for Payments for Nursing Facility and Intermediate Care Facility for the Mentally Retarded Services</p> <p>With respect to nursing facilities and intermediate care facilities for the mentally retarded, all applicable requirements of 42 CFR Part 442, Subparts B and C are met.</p> <p>/ / Not applicable to intermediate care facilities for the mentally retarded; such services are not provided under this plan.</p>
--	--

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*  
42 CFR 431.702  
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

REVISION: HCFA-PM-93-3 (MB)  
March 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.26	Drug Utilization Review Program
1927g		
42 CFR	A.1.	The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.
456.700		
1927(g)(1)(A)	2.	The DUR program assures that prescriptions for outpatient drugs are:
		-Appropriate
		-Medically necessary
		-Are not likely to result in adverse medical results
1927(g)(1)(a)	B.	The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, and patients or associated with specific drugs as well as:
42 CFR 456.		-Potential and actual adverse drug reactions
705(b) and		-Therapeutic appropriateness
456.709(b)		-Overutilization and underutilization
		-Appropriate use of generic products
		-Therapeutic duplication
		-Drug disease contraindications
		-Drug-drug interactions
		-Incorrect drug dosage or duration of drug treatment
		-Drug-allergy interactions
		-Clinical abuse/misuse
1927(g)(1)(B)	C.	The DUR program shall assess date use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:
42 CFR 456.703		-American Hospital Formulary Service Drug Information
(d) and (f)		-United State Pharmacopeia-Drug Information
		-American Medical Association Drug Evaluations.

REVISION: HCFA-PM-93-3 (MB)  
March 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.26	Drug Utilization Review Program
1927(g)(1)(D) 42 CFR 456.703(b)	D.	DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:  / / Prospective DUR /X/ Retrospective DUR
1927(g)(2)(A) 42 CFR 456.705(b)	E.1.	The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.
1927(g)(2)(A)(i) 42 CFR 456.705(b) (1)-(7)	2.	Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:  -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Drug-interactions with non-prescription or over-the-counter drugs -Incorrect drug dosage or duration of drug treatment -Drug allergy interactions -Clinical abuse/misuse
1927(g)(2)(A)(ii) 42 CFR 456.705 (c) and (d)	3.	Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
1927(g)(2)(B) 42 CFR 456.709(a)	F.1.	The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:  -Patterns of fraud and abuse -Gross overuse -Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

REVISION: HCFA-PM-93-3 (MB)  
March 1993

74b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.26	Drug Utilization Review Program (cont.)
1927(g)(2)(C) 42 CFR 456.709(b)	F.2.	The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:  -Therapeutic appropriateness -Overutilization and underutilization -Appropriate use of generic products -Therapeutic duplication -Drug-disease contraindications -Drug-drug interactions -Incorrect drug dosage/duration of drug treatment -Clinical abuse/misuse
1927(g)(2)(D) 42 CFR 456.711	3.	The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g)(3)(A) 42 CFR 456.716(a)	G.1.	The DUR program has established a State DUR Board either: /X/ Directly, or / / Under contract with a private organization
1927(g)(3)(B) 42 CFR 456.716 (A) and (B)	2.	The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:  -Clinically appropriate prescribing of covered outpatient drugs. -Clinically appropriate dispensing and monitoring of covered outpatient drugs. -Drug use review, evaluation and intervention. -Medical quality assurance.
1927(g)(3)(C) 42 CFR 456.716(d)	3.	The activities of the DUR Board include:  -Retrospective DUR, -Application of Standards as defined in section 1927(g)(2)(C), and -Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

REVISION: HCFA-PM-93-3 (MB)  
March 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.22	Drug Utilization Review Program (cont.)
1927(g)(3)(C) 42 CFR 456.711 (a)-(d)	G.4.	The interventions include in appropriate instances.  -Information dissemination -Written, oral and electronic reminders -Face-to-Face discussions -Intensified monitoring/review of prescribers/dispensers
1927(g)(3)(D) 42 CFR 456.712 (A) and (B)	H.	The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.
1927(h)(1) 42 CFR 456.722	/ / I.1.	The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:  -real time eligibility verification -claims data capture -adjudication of claims -assistance to pharmacists, etc. applying for and receiving payment.
1927(g)(2)(A)(i) 42 CFR 456.705(b)	2.	Prospective DUR is performed using an electronic point of sale drug claims processing system.
1927(j)(2) 42 CFR 456.703 (c)	J.	Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities are drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such' covered outpatient drugs.

REVISION: HCFA-PM-80-38 (BPP)  
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.27	Disclosure of Survey Information and Provider or Contractor Evaluation
42 CFR 431.115 (c) AT-78-90 AT-79-74		The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

REVISION: HCFA-PM-93-1 (BPD)  
January 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

4.28 Appeals Process

42 CFR 431.152;  
AT-79-18  
52 FR 22444;  
Secs.  
1902(a)(28)(D)(i)  
and 1919(e)(7) of  
the Act; P.L.  
100-203 (Sec. 4211(c)).

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

REVISION: HCFA-PM-93-3  
June 1999

Conflict of Interest

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

1902(a)(4)(C) of the  
Social Security Act  
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the  
Social Security Act  
P.L. 105-33  
1932(d)(3)  
42 CFR 438.58

The Medicaid agency meets the requirements of section 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

42 CFR 1002.203

AT-79-54

48 FR 3742

51 FR 34772

4.30 Exclusion of Providers and Suspension of  
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002,  
Subpart B are met.

/ / The agency, under the authority of  
State law, imposes broader  
sanctions.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

- |                              |      |   |
|------------------------------|------|---|
| <i>Citation</i>              | 4.30 | Exclusion of Providers and Suspension of Practitioners and Other Individuals (cont.)  |
|                              |      | (b) The Medicaid agency meets the requirements of --  |
| 1902(p) of the Act           | (1)  | Section 1902(p) of the Act by excluding from participation --   |
|                              | (A)  | At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).   |
| 42 CFR 438.808               | (B)  | Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that --  |
|                              | (i)  | Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or  |
|                              | (ii) | Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.   |
| 1932(d)(1)<br>42 CFR 438.610 | (2)  | An MCO, PIHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance, the State will comply with the requirements of 42 CFR 438.61.(c). |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

455.103  
44 FR 41644  
1902(a)(38)  
of the Act  
P.L. 100-93  
(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents  
The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940  
through 435.960  
52 FR 5967

4.32 Income and Eligibility Verification System

- (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.
- (b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

REVISION: HCFA-PM-87-14 (BERC)  
October 1987

79A

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

1902(a)(48)  
of the Act,  
P.L. 99-570  
(Section 11005)  
P.L 100-93  
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

	4.34	Systematic Alien Verification for Entitlements
1137 of the Act P.L. 99-603 (sec. 121)		<p>The State Medicaid agency has established procedures for the verification of alien status through the Immigration &amp; Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.</p> <p>/ / The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).</p> <p>/X/ The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.</p> <p>/X/ Total waiver</p> <p>/ / Alternative system</p> <p>/ / Partial implementation</p> <p>Washington will use approved verification procedures, e.g., reviewing the documents that the client holds.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.35	Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation
1919 (h) (1) and (2) of the Act, P.L. 100-203 (Sec. 4213(a))	(a)	The Medicaid agency meets the requirements of section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A) (i) through (iv) of the Act.
	/ /	Not applicable to intermediate care facilities; these services are not furnished under this plan.
	/X/	(b) The agency uses the following remedy(ies):
	(1)	Denial of payment for new admissions.
	(2)	Civil money penalty.
	(3)	Appointment of temporary management.
	(4)	In emergency cases, closure of the facility and/or transfer of residents.
1919(h)(2)(B)(ii) of the Act	/ /	(c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation). ATTACHMENT 4.35-B describes these alternative remedies and specifies the basis for their use.
1919(h)(2)(F) of the Act	/ /	(d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:
	/ /	(1) Public recognition.
	/ /	(2) Incentive payments.
• See attachment 4.35-A		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.35	Enforcement of Compliance for Nursing Facilities
42 CFR §488.402 (f )	(a)	Notification of Enforcement Remedies  When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402 (f) .  (i) The notice (except for civil money penalties and State monitoring) specifies the: (1) nature of noncompliance, (2) which remedy is imposed, (3) effective date of the remedy, and (4) right to appeal the determination leading to the remedy.  (ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.  (iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.  (iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.  (b) Factors to be Considered in Selecting Remedies  (i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404 (b) (1) & (2).  / / The State considers additional factors. Attachment 4.35-A describes the State's other factors.
42 CFR §488.434		
42 CFR §488.402(f)(2)		
42 CFR §488.456(c)(d)		
42 CFR §488.488.404(b)(i)		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.35	Enforcement of Compliance for Nursing Facilities (cont.)
	(c)	Application of Remedies
42 CFR §488.410	(i)	If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.
42 CFR §488.417 (b) §1919 (h) (2) (C) of the Act.	(ii)	The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.
42 CFR §488.414 §1919 (h) (2) (D) of the Act.	(iii)	The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.
42 CFR §488.408 1919 (h) (2) (A) of the Act.	(iv)	The State follows the criteria specified at 42 CFR §488.408 (c) (2), §488.408 (d) (2), and §488.408 (e) (2), when it imposes remedies in place of or in addition to termination.
42 CFR §488.412 (a)	(v)	When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412 (a) are not met.
	(d)	Available Remedies
42 CFR §488.406 (b) of the Act.	(i)	The State has established the remedies defined in 42 CFR 488.406(b).§1919 (h) (2) (A)
	/X/	(1) Termination
	/X/	(2) Temporary Management
	/X/	(3) Denial of Payment for New Admissions
	/X/	(4) Civil Money Penalties
	/X/	(5) Transfer of Residents; Transfer of Residents with Closure of Facility
	/X/	(6) State Monitoring

Attachments 4.35-H through 4.35-G describe the criteria for applying the above remedies.

REVISION: HCFA-PM-95-4 (HSQB) 79c.3  
June 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation* 4.35(d) Enforcement of Compliance for Nursing Facilities (cont.)

42 CFR (ii) / / The State uses alternative remedies.  
§488.406 (b) The State has established alternative  
§1919 (h) (2) (B) (ii) remedies that the State will impose in  
of the Act. place of a remedy specified in 42 CFR  
488.406 (b).

/ / (1) Temporary Management  
/ / (2) Denial of Payment for New Admissions  
/ / (3) Civil Money Penalties  
/ / (4) Transfer of Residents; Transfer of  
Residents with Closure of Facility  
/ / (5) State Monitoring

Attachments 4.35-B through 4.35-G describe the  
alternative remedies and the criteria for applying them.

42 CFR (e) / / State Incentive Programs  
§488.303 (b)  
1910 (h) (2) (F) / / (1) Public Recognition  
of the Act. / / (2) Incentive Payments

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation* 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)  
and 1902(a)(53)  
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

Revision:

State WASHINGTONCitation

## 4.36 Prescribed Drug Reimbursement

1927(a)(2)

The State will meet all reporting and provision of information requirements as specified in Section 1927(a)(2).

There are no pages 79f through 79m

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

*Citation*

42 CFR 483.75; 42  
CPR 483 Subpart D;  
Secs. 1902(a)(28),  
1919(e)(1) and (2),  
and 1919(f)(2),  
P.L. 100-203 (Sec.  
4211(a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P. L. 101-508  
(Sec. 4801(a)).

- |      |     |   |
|------|-----|---|
| 4.38 |     | Nurse Aide Training and Competency<br>Evaluation for Nursing Facilities   |
| (a)  |     | The State assures that the<br>requirements of 42 CFR<br>483.150(a), which relate to<br>individuals deemed to meet the<br>nurse aide training and<br>competency evaluation<br>requirements, are met.   |
| / /  | (b) | The State waives the competency<br>evaluation requirements for<br>individuals who meet the<br>requirements of 42 CFR<br>483.150(b) (1).   |
| /X/  | (c) | The State deems individuals who<br>meet the requirements of 42 CFR<br>483.150(b) (2) to have met the<br>nurse aide training and<br>competency evaluation<br>requirements.   |
|      | (d) | The State specifies any nurse<br>aide training and competency<br>evaluation programs it approves<br>as meeting the requirements of<br>42 CFR 483.152 and competency<br>evaluation programs it approves<br>as meeting the requirements of<br>42 CFR 483.154. |
| / /  | (e) | The State offers a nurse aide<br>training and competency<br>evaluation program that meets<br>the requirements of 42 CFR<br>483.152  |
| /X/  | (f) | The State offers a nurse aide<br>competency evaluation program<br>that meets the requirements of<br>42 CFR 483.154.   |

REVISION: HCFA-PM-91-10 (BPD)  
December 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.38	Nurse Aide Training and Competency Evaluation for Nursing Facilities (cont.)
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).	(g)	If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
	(h)	The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
	(i)	Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
	(j)	Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
	(k)	For program reviews other than the initial review, the State visits the entity providing the program.
	(l)	The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b) (2) and (3).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.38	Nurse Aide Training and Competency Evaluation for Nursing Facilities (cont.)
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).	(m)	The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
	(n)	The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
	(o)	The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
	(p)	The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b) (2) or (3).
	/X/ (q)	The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
	(r)	The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.38	Nurse Aide Training and Competency Evaluation for Nursing Facilities (cont.)
42 CFR 483.75; 42 CFR 483 Subpart D; Seca. 1902(a)(28), 1919(e)(1) and (2), and 1919(f)(2), P.L. 100-203 (Sec. 4211(a)(3)); P.L. 101-239 (Secs. 6901(b)(3) and (4)); P.L. 101-508 (Sec. 4801(a)).	(s)	When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
	(t)	The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
	(u)	The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
	(v)	The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
	(w)	Competency evaluation programs are administered by the State or by a State -approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
	/X/ (x)	The State permits proctoring of the competency evaluation in accordance with 42 CFR483.154(d).
	(y)	The State has a standard for successful completion of competency evaluation programs.

REVISION: HCFA-PM-91-10 (BPD)  
December 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.38	Nurse Aide Training and Competency Evaluation for Nursing Facilities (cont.)
42 CFR 483.75; 42 CFR 483 Subpart D; Secs. 1902(a) (28), 1919(e) (1) and (2) and 1919(f) (2), P.L. 100-203 (Sec. 4211(a) (3)); P.L. 101-239 (Secs. 6901(b) (3) and (4)); P.L. 101-508 (Sec. 4801(a)).	(z)	The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
/X/	(aa)	The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
	(bb)	The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
/ /	(cc)	The State includes home health aides on the registry.
/ /	(dd)	The State contracts the operation of the registry to non State entity.
/X/	(ee)	ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156 (c) (1) (iii) and (iv).
/X/	(ff)	ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156 (c).

REVISION: HCFA-PM-93-1 (BPD)  
January 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.39	Preadmission Screening and Annual Resident Review in-Nursing Facilities
Secs		
1902(a)(28)(D)(i)	(a)	The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
and 1919(e)(7) of the Act;		
P.L. 100-203	(b)	The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
(Sec. 4211(c));		
P.L. 101-508	(c)	The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
(Sec. 4801(b)).	(d)	with the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
	/X/ (e)	ATTACHMENT 4.39 specifies the State's definition of specialized services.

REVISION: HCFA-PM-93-1 (BPD)  
January 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

4.39 Preadmission Screening and Annual  
Resident Review in-Nursing Facilities (cont.)

- /X/ (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.40	Survey & Certification Process
Sections		
1919(g)(1)	(a)	The State assures that the requirements of
thru (2) and		1919(g)(1)(A) through (C) and section
1919(g)(4)		1919(g)(2)(A) through (E)(iii) of the Act
thru (5) of		which relate to the survey and
the Act P.L.		certification of non-State owned
100-203		facilities based on the requirements of
(Sec.		section 1919(b), (c) and (d) of the Act,
4212(a))		are met.
1919(g)(1)	(b)	The State conducts periodic education
(B) of the		programs for staff and residents (and
Act		their representatives). Attachment 4.40-A
		describes the survey and certification
		educational program.
1919(g)(1)	(c)	The State provides for a process for the
(C) of the		receipt and timely review and investigation
Act		of allegations of neglect and abuse and
		misappropriation of resident property by a
		nurse aide of a resident in a nursing facility or
		by another individual used by the facility.
		Attachment 4.40-B describes the State's
		process.
1919(g)(1)	(d)	The State agency responsible for surveys
(C) of the		and certification of nursing facilities or
Act		an agency delegated by the State survey
		agency conducts the process for the
		receipt and timely review and
		investigation of allegations of neglect
		and abuse and misappropriation of resident
		property. If not the State survey agency,
		what agency?
		Department of Health
1919(g)(1)	(e)	The State assures that a nurse aide, found
(C) of the		to have neglected or abused a resident or
Act		misappropriated resident property in a
		facility, is notified of the finding. The
		name and finding is placed on the nurse
		aide registry.
1919(g)(1)	(f)	The State notifies the appropriate
(C) of the		licensure authority of any licensed
Act		individual found to have neglected or
		abused a resident or misappropriated
		resident property in a facility.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.40	Survey & Certification Process
1919(g)(2) (A)(i) of the Act	(g)	The State has procedures, as provided for at section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-0 describes the State's procedures.
1919(g)(2) (A)(ii) of the Act	(h)	The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous, standard survey.
1919(g)(2) (A)(iii)(I) of the Act	(i)	The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
1919(g)(2) (A)(iii)(II) of the Act	(j)	The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
1919(g)(2) (B) of the Act	(k)	The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
1919(g)(2) (C) of the Act	(l)	The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.40	Survey & Certification Process (cont.)
1919(g) (2) (D) of the Act	(m)	The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. Attachment 4.40-D describes the State's programs.
1919(g) (2) (E) (i) of the Act	(n)	The State uses a multidisciplinary team of professionals including a registered professional nurse.
1919(g) (2) (E) (ii) of the Act	(o)	The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
1919 (g) (2) (E)(iii) of the Act	(p)	The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification , techniques approved by the Secretary.
1919(g) (4) of the Act	(q)	The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4.40-E describes the State's complaint procedures.
1919(g) (5) (A) of the Act	(r)	The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
1919(g) (5) (B) of the Act	(s)	The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
1919(g) (5) (c) of the Act	(t)	If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
1919(g) (5) (D) of the Act	(u)	The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

<i>Citation</i>	4.41	Resident Assessment for Nursing Facilities
Sections 1919(b)(3) and 1919 (e)(5) of the Act	(a)	The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.
1919(e)(5) (A) of the Act	(b)	The State is using:  / / the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or
1919(e)(5) (B) of the Act	/X/	a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria) [§1919(e)(5)(B)].